



Robert L. Quinn
Commissioner

State of New Hampshire

DEPARTMENT OF SAFETY

Division of Fire Standards and Training & Emergency Medical Services

www.nh.gov/safety/divisions/fstems



Justin A. Cutting
Director

Jeffrey R. Phillips
Assistant Director

Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technician Career Development Program

Fire Academy Reimbursement

The State of New Hampshire has made funding available to support the recruitment, career development, and retention of emergency response personnel.

Any member employed by a New Hampshire fire department, or a graduate of the New Hampshire fire academy who becomes employed, is eligible to receive full reimbursement for the cost of the academy not covered by other funding sources. The entity that paid for the cost is also eligible for reimbursement. Students must have their employer's approval.

The criteria and procedures for this program have been set by the Career Development, Recruitment and Retention Program Committee established in RSA 188-F:71. To be eligible for this program a student must be a current full-time career, part-time, on-call or volunteer member who has successfully completed a program and obtained certification in the approved courses as listed below.

Courses completed after July 1st, 2023, are eligible for reimbursement under this program. Please contact the Division of Fire Standards and Training and EMS with any questions.

Packet Contents

- Instructions
- Application for Reimbursement
- List of Eligible Programs

Basic Instructions

All reimbursement documentation packets must be submitted to the **Community College System of New Hampshire** for initial review *as soon as possible* following the completion of the class. The Community College System will verify each student's successful completion of the certification, which will determine their reimbursement eligibility. Reimbursement will be available to the extent of available funds.

1. Complete the application for reimbursement form for each student who attended the training and is seeking reimbursement.
2. Attach certifications received from the class for which reimbursement is being sought.
3. Attach a copy of the payment verification.
4. Attach a completed W-9 form (available on IRS.gov)
5. Submit the items in 1-4 above to the Community College System for processing at the address below:

December 2023 (Ver. 1.1)



Community College System of New Hampshire

Director of Financial Operations
26 College Drive
Concord, NH 03301

Courses Eligible for Reimbursement

Airport Firefighter
Driver/Operator: All Vehicle
Driver/Operator: Pumping Apparatus
Driver/Operator: Aerial Apparatus
Emergency Medical Responder
Fire & Emergency Services Instructor I
Fire & Emergency Services Instructor II
Fire & Emergency Services Instructor III
Fire Inspector I
Fire Inspector II
Fire Officer I
Fire Officer II
Firefighter I
Firefighter II
Firefighter I & II (Combined, Recruit School)
Ice Rescue Technician
Rope Rescue Awareness
Rope Rescue Operations
Rope Rescue Technician
Trench Rescue
Confined Space Rescue Technician
Fire Investigator
Hazardous Materials – Operations
Hazardous Materials – Decontamination
Hazardous Materials – Technician
Swiftwater Rescue I
Swiftwater Rescue II
Swiftwater Rescue – Boat Operator

Note: All courses are subject to space limitations and may have enrollment prerequisites.



**New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services**

Mailing: 33 Hazen Drive, Concord, NH 03305 Physical: 98 Smokey Bear Boulevard, Concord, NH
 Phones: (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091 Email: fstems@dos.nh.gov

Application for Tuition Reimbursement

Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment, and Retention Program

Section 1: PERSONAL INFORMATION (Incomplete applications will not be processed.)

Legal First name:	Middle	Legal Last name:	Suffix:	*EMS License # or NELP #:		
Email address:			Last 4 of SSN:	DOB:	M	F
PO Box/Street:		Town/City:		State:	Zip:	
Cell Phone:		Home Phone:				

Section 2: COURSE INFORMATION

Course Name:	Reimbursement Amount Requested:
--------------	---------------------------------

Section 3: APPLICANT AFFIRMATION AND SIGNATURE

I certify that the information on this application is correct, and I understand that falsification of information may result in denial or recoupment of tuition reimbursement. I understand and agree to abide by the rules, policies, and reimbursement policy of the Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment, and Retention Program. I hereby authorize release of any, and all, information concerning my enrollment in this course to the chief officer in charge or designee of my organization, the Community College System of New Hampshire and the Division of Fire Standards and Training and Emergency Medical Services.

Signature of Applicant:	Date:
--------------------------------	--------------

Section 4: COURSE REIMBURSEMENT RECIPIENT

Section 4A: DEPARTMENT NAME

Section 4B: DEPARTMENT AUTHORIZATION FOR REIMBURSEMENT

The department representative signature below, for the department listed above, signifies a recommendation for reimbursement of eligible tuition to the student or department listed above by the program.

Name of Agency Representative:	Position:
Email Address:	
Signature of Representative:	Date:

For further information on the Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment, and Retention Program go to:

<https://www.nh.gov/safety/divisions/fstems/>

You must attach a copy of the course certificate, completed W-9 form, and a copy of payment verification to this application and then submit documents to:
 Community College System of New Hampshire
 Director of Financial Operations
 26 College Drive
 Concord, NH 03301